1 3 17 19

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10708055.					
									101	0X	000	•	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYPE	_	TITY	OR	•	R THAN ENTITY	
TOTAL CLAIMS			20					TE	FEE	٦	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FE	385.00		BASIC FEE		
TOTAL CHARGEABLE CLAIMS			20 mi	nus 20=	* 9		XS	9=		OR	VC40		
INDEPENDENT CLAIMS			2/ minus 3 = * /				X4		 		Voc	9.1	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+14			OR		06	
* If	the difference	e in column 1 is	less than z	s than zero, enter "0" in column 2					-	OR			
•							TOT	IAL		OR	TOTAL	KZ4.D	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-				
							+14			OR	+290=		
							TC ADDIT.	FEE.		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=	·	OR	X\$18=	W . N	
	Independent	*	Minus	***	-	=	X43	=	"	OR	X86=		
	FIRST PRESE		+145	5 =	-	OR	+290=						
								TAL FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=		
	Independent	*	Minus	STATE		=	X43:	\dashv	·				
▼	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	X86=		
+1										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					found in the	app	ropriate box	in colu	ımn 1.		